PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I

Application or Docket Number

02887.0144-01

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)			TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIMS			12					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			1 2 minus 20=		• 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			5, minus 3 =		• 2			X40=		OR	X80=	160	
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0"			column 2		TOTAL		OR	TOTAL	870	
	С	LAIMS AS A	MENDED - PART II								OTHER		
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	- OL A184	=	I	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							±135=		00	+270=		
BEST AVAILABL							3U	E COP	Υ	OR	TOTAL		
							ļ	ADDIT. FEE		OR	ADDIT. FEE		
-		(Column 1)	Ţ	(Colu		(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	C) AINA			X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JETIPLE DEI	PENDEN	CLAIIVI	<u> </u>	Ī	+135=		OR	+270=		
							L	TOTAL		OR	TOTAL		
	٠.	152			2.0		A	NDDIT. FEE		On	ADDIT. FEE		
_		(Column 1) CLAIMS		(Colui		(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	-	X40=			X80=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7,40=		OR	700=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		nber Previously Pai					r four	nd in the app	ropriate box	in col	umn 1.		